

NOTE: Read back of application before completing! PLEASE PRESS HARD, you are making four copies!

The approved copy of this application must be shown to school employees when entering the facility.

Kalamazoo Public Schools
Department of Community Education
 714 S. Westnedge Avenue, Kalamazoo, MI 49007
 Phone: (269) 337-0461
 Fax: (269) 337-0490



APPLICATION FOR PERMISSION TO USE FACILITIES

(Application must be submitted two weeks before requested date. Receipt of processed application copy denotes approval.)

Date of Application ____/____/____

Name of Building: _____ Room/Facility: _____

Day(s) Requested: MON TUES WED THURS FRI SAT SUN From: ____/____/____ to ____/____/____

Between What Hours? Time Entering the Building _____ Time Exiting the Building _____

Name of person filling out application: _____

Address of person filling out application: _____

Phone (Home): _____ (Business): _____

Name of Organization: _____

Billing Address of Organization: _____

Type of Activity: _____

Supervisor of Activity: _____ Phone (Home): _____

Size of Participation (include audience when applicable): _____ Admission fee charged: _____

Purpose of Proceeds: _____

Note: Large scale uses of the building will require a written description of what will occur.

STAFF REQUESTS

- ☐ Custodian
☐ Kitchen Staff
☐ Pool Staff
☐ Audio-Visual Staff
☐ Security Guard
☐ Supervisor

SERVICE/EQUIPMENT REQUESTS

- ☐ Basketball Baskets
☐ Volleyball Net
☐ Scoreboard
☐ VCR and Monitor
☐ 16mm Projector & Screen
☐ Slide Projector & Screen
☐ Overhead Projector & Screen

- ☐ P.A. System
☐ Chairs (Number) _____
☐ Tables (Number) _____
☐ Beverages will be served
☐ Food will be served
☐ Auditorium lights & sound
☐ Other: _____

I do hereby certify, in representation of the above named organization, that I have read and will observe all rules and regulations listed on the back of this application.

Applicant's Signature _____

Date _____

OFFICE USE ONLY

Approved: _____ Approved: _____
 Building Principal Date Community Education Supervisor Date

Comments: Fees Waived by Principal: YES _____ NO _____ Cost Center Account No: _____

Organization Classification: _____ Staff and Services to be Paid Following Function Rental Fees to be Paid in Advance

Reservation Number: _____ Estimated Cost: \$ _____ Estimated Cost: \$ _____

White Copy - Community Education Center Canary Copy - Head Custodian Pink Copy - Principal Goldenrod Copy - Applicant